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Application No. 10/671,431

Information Disclosure Statement by Applicant (Use several sheets if necessary) Applicant

Manus P. Henry

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Group Art Unit

(37 CFR §1.98(b))

| U.S. Patent Documents |              |                    |                     |               |       |          |                            |
|-----------------------|--------------|--------------------|---------------------|---------------|-------|----------|----------------------------|
| Examiner Initial      | Desig.<br>ID | Document<br>Number | Publication<br>Date | Patentee      | Class | Subclass | Filing Date If Appropriate |
| un,                   | AA           | US-4633183 A       | 12/30/1986          | Heatherington | 327   | 107      |                            |
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| Examiner  | Desig. | Document | Publication | Country or    |       |          | Translation |    |
| Initial   | ID     | Number   | Date        | Patent Office | Class | Subclass | Yes         | No |
|   | AD     |          |             |               |       |          |             |    |
|   | AE     |          |             |               |       |          |             |    |
| •   | AF     |          |             |               |       |          |             |    |
| •   | AG     |          |             |               |       |          |             |    |
| -   | AH     | -<br>-   |             |               |       |          |             |    |

| Other Documents (include Author, Title, Date, and Place of Publication) |        |          |  |  |  |
|---|--------|----------|--|--|--|
| Examiner  | Desig. |          |  |  |  |
| Initial   | ID     | Document |  |  |  |
| N   | AI     |          |  |  |  |
|   | AJ     |          |  |  |  |
| _   | AK     |          |  |  |  |
|   | AL     |          |  |  |  |

| Examiner Signature   | Date Considered |  |  |  |
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| EXAMINER: Initials citation considered Draw line through citation if not in conformance and not considered. Include copy of this form with |                 |  |  |  |
| next communication to applicant.   |                 |  |  |  |